



COMMUNITY CENTER USE CONTRACT

217 Main Street Hiram, Georgia 30141

Ph: 770-943-3726 x2001 Fax: 770-439-237

During your weekend rental call 770-943-3087 x2011 for assistance

Officer: Y / N

Officer Scheduled ☐

Posted on Calendar ☐

***Please fill in all yellow highlighted areas below.**

Must be at least 21 years of age to rent facility and sign contract:

RENTAL TIME: _____ Total Hours: _____ RENTAL DATE: _____

Time attendees expected to arrive: _____ Circle One: Sun/ Mon/ Tues/ Wed/ Thu/ Fri/ Sat

RENTAL RATE: See page one of Rules and Regulations

TABLES/CHAIRS: 10 Tables and 100 Chairs are included in the rental / Available tables are 60" round & 8' long:

Please indicate total chairs and tables needed:

Chairs: _____ Tables: _____ (Round) _____ (Long)

Additional Tables: \$10.00 each

TOTAL: \$ _____

Type of Event: _____ Total Number of Guests: _____

(Under Age / Alcohol Parties Events: Please see in attached Rules and Regulations regarding off-duty officer)

Person Reserving the Facility: _____

Copy of Drivers License Received: Yes / No

Current Address: _____ City: _____ State _____ Zip _____

Home Phone _____ Cell: _____ Work: _____

Catered Event: Yes / No Name of Caterer: _____ Phone #: _____

The undersigned individual/group agrees to abide by all policies of THE CITY OF HIRAM as stated in the "Rules and Regulations" provided to them and understands that violation of any policy would be cause for the individual or group to be barred from using the facility.

Lessee Signature _____

City of Hiram Representative Signature _____

Initial for **EITHER** alcohol or no alcohol, Initial No Confetti/Rice as there is no confetti use at all in the Center:

ALCOHOL: _____ NO ALCOHOL: _____ NO CONFETTI / RICE: _____

Initials

Initials

Initials

FOR OFFICE USE ONLY:

Base Fee for 5 Hours: _____

Add On Charges (Extra hours / Additional tables): _____

TOTAL RENTAL FEE: _____

Damage Deposit Pd: _____ Cash/Check # _____ Receipt Given: _____ By: _____ Date Pd: _____

Rental Deposit Pd: _____ Cash/Check # _____ Receipt Given: ☐ By: _____ Date Pd: _____

BALANCE: \$ _____ DUE BY: _____

Balance due must be received in our office 30 days before event date or event can be canceled and deposit forfeited.

Event Balance Pd: _____ Cash /Check # _____ Receipt Given: ☐ By: _____ Date Pd.: _____

EVENT CANCELED:

Cancellation Date: _____ Given to J. Pryor on : _____ Amount Returned: _____

Written notice recvd: Yes / No

Person Taking Cancellation: HKPC / MCE